

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

MONTHLY ESTIMATE

FOR THE MONTH OF May, 2011

Date: May 31, 2011

CONTRACTOR: BRIAN'S CONTRACTING, INC.

ADDRESS: P.O. BOX 17790

Contract No. 59788

City, State ZIP: HONOLULU, HAWAII 96817

DAGS Job No. 12-20-2655

PROJECT TITLE: Wahiawa Civic Center Public Health Nursing Office Energy Efficiency Improvements

CONTRACT

Basic Contract Amount \$ 193,820

CHANGE ORDERS

Total \$ 1,548.88

Adjusted Contract Amount \$ 195,368.88

FOR INSPECTION BRANCH USE

☐ SUBMITTAL REGISTER ☐ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☒ PROJECT SCHEDULE - INITIAL & ONGOING

☒ DAILY REPORTS

☒ PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST

☒ CONTRACT NUMBER

☒ PROJECT NAME & LOCATION

☒ ALL SIGNATURES

WORK ACCOMPLISHED

Basic Contract

Completed to Date 96.48% \$ 187,000.00

Retained \$ 17,579.00

Amount Subject to Payment \$ 169,421.00

Payments to Date \$ 151,082.00

Payments Now Due \$ 18,339.00

Change Order

100% \$ 1,548.88

\$ 127.00

\$ 1,421.88

\$ -

\$ 1,421.88

Total

\$ 188,548.88

\$ 17,706.00

\$ 170,842.88


\$ 151,082.00

\$ 19,760.88


Payment No. 3

Remarks: Please note that project is 100% completed to date including the Hawaiian Telcom allowance item work. However, we are unable to bill for the allowance item at this time because we have not received Hawaiian Telcom's invoice billing which is required for us to provide to the State in order to bill for their work on our billing.


1. Computed and Checked by:

 6-14-2011
3. Recommended: Project Inspector or Engineer Date:

 6-14-2011
4. Recommended: Area Engineer/Architect Date:

 JUN 14 2011
5. Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.

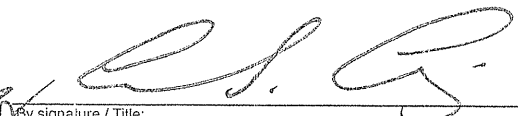
 JUN 15 2011
State Public Works Administrator Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request and at least 80% of our workforce resides in Hawaii

BRIAN'S CONTRACTING, INC.

Name of Contractor


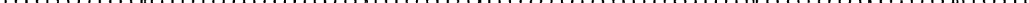
Brian's Contracting, Inc.


for Brian M. Arakaki, President

5/31/2011
Date

Department of Accounting and General Services
Division of Public Works

DAGS Job No.: 12-20-2655

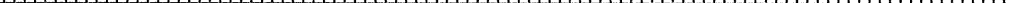



NOTE:
Columnar totals shall be equal in dollar value to that on
the Monthly Estimate Sheet

For the Month of: May, 2011

Contract No.: 59788

DAGS Job No.: 12-20-2655



I certify that the above retentions are correct for this request.

Name of Contractor

5/31/2011

Date _____

Initial - Project Inspector or Engineer

NOTE:
Columnar totals shall be equal in dollar value to that on
the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 3

PROJECT TITLE: WAHIAWA CIVIC CENTER - PUBLIC HEALTH NURSING OFF,
ENERGY EFFICIENCY & AC IMPRVTS

BILLING MONTH: May-11

DAGS JOB NO.: 1 2-20-2655

CONTRACT NO.: 59788

CONTRACTOR: BRIAN'S CONTRACTING, INC

VENDOR CODE: 30439600

| Original Contract Payment | | Suffix: 1 | | | |
|---------------------------|--------------------|-----------|----------------------|------------------|-------------------|
| <u>Suffix</u> | <u>Fund Symbol</u> | | <u>Amount Earned</u> | <u>Retainage</u> | <u>Amount Due</u> |
| 01 | B09-412M | | \$20,435.00 | \$2,096.00 | \$18,339.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: | | | \$20,435.00 | \$2,096.00 | \$18,339.00 |

| Change Order Payment | | Suffix: 2 | | | |
|----------------------|--------------------|-----------|----------------------|------------------|-------------------|
| <u>Suffix</u> | <u>Fund Symbol</u> | | <u>Amount Earned</u> | <u>Retainage</u> | <u>Amount Due</u> |
| 02 | B09-412M | | \$1,548.88 | \$127.00 | \$1,421.88 |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: | | | \$1,548.88 | \$127.00 | \$1,421.88 |

| | | | |
|---------------------|-------------|------------|-------------|
| Grand Total: | \$21,983.88 | \$2,223.00 | \$19,760.88 |
|---------------------|-------------|------------|-------------|

Lloyd Ogata 6/16/2011
Verified By DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 30439600

Cost Code 3A1

Voucher No. 0611AN37

Verified By *pr* 6/22/11